

Enhancing Perceptions
705-627-5301

Angela Morrison-Holm
CHCP Certified Hypnosis Practitioner
www.enhancingperceptions.com

New Hypnosis Client Assessment Form

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date: _____ Date of Birth: _____ Age _____

Day Phone: _____ Evening Phone: _____

Email: _____

Emergency Contact Name and address: _____

Emergency Contact Phone: _____ Email: _____

Is this your first time being hypnotized? _____ Yes _____ No

If No, how was your previous experience(s)? _____

Occupation: _____ Marital Status: _____

HYPNOSIS TARGET Please Circle appropriate target

Smoking Weight Loss Sleep Pain Stress Motivation Anxiety

Memory Anger Studying Physical Performance Focus

Other _____

Name: _____

What is your main reason for having hypnosis?

When and under what circumstances did this issue begin?

What are the emotional triggers that lead to issue

How has this affected your life?

What specifically about your issue is leading you to seek help?

What other kinds of therapies have you tried?

What life-style or attitude changes have been partially successful?

What other issues, either linked or not linked, to the presenting issue do you need help with?

What do you hope to accomplish in this session?

What's stopping you from having made this change already?

How will you know when you have achieved this change?

What will be different for you once you have this change....benefits?

When you think of an amazing, relaxing place, what comes to mind?

Describe a favorite vacation place?

GOALS FOR CHANGE

What is your 1 month goal regarding this issue(s)?

What is your 6 month goal regarding this issue(s)?

What is your 1 year goal regarding this issue(s)?

MEDICAL HISTORY

Have you ever been diagnosed with a mental illness? If yes, please explain:

Have you ever been treated for an emotional/behavioral problem? If yes, please explain:

Have you had or do you now suffer from any prolonged illness? If yes, please explain:

List all current medications you are taking:

Have you had or are you suffering from:

High Blood Pressure _____ Ulcers _____ Asthma _____ Stress _____ Epilepsy _____ Anxiety _____
 Migraines _____ Diabetes _____ Heart Condition _____ Cancer _____ TMJ _____ Overweight _____
 HIV/AIDS _____ Depression _____ OCD _____ ADD _____ Hypoglycemia _____ Fainting Spells _____ Food
 Allergies _____ Fatigue _____

Other _____

Are you pregnant? Yes _____ No _____

Drink Alcohol? No _____ Occasionally _____ Moderately _____ Daily _____

Do you Smoke or use Ecigarettes? Yes _____ No _____

If yes, do you smoke cigarettes? _____ Cigars? _____ Pipe? _____ Chew? _____

How much per day? _____

Please answer the following questions:

1. Where did you hear about us?

2. Are you comfortable riding in elevators? (Visual may be used for an induction) _____ Y _____ N

3. Read the following description and indicate the best way you pick up on the following metaphor:

“As you look down at your feet, you notice you’re walking along a dirt trail. You can see little tufts of grass, flowers, and rocks along a winding path through the thick green forest. Now imagine it is a sunny day and you can feel the rays beating down on your face to gently warm it. You can feel the rocks under your shoes, and a cool breeze blowing, lightly caressing your skin, playfully blowing through your hair. Listen to the birds singing a cheerful song while building their nests in the tall rustling trees. A little brook is babbling in the distance and you know you are nearing a waterfall just up around the bend in the trail. You walk on and turn the corner...”

[] I can see it clearly, and when I turn the corner I see the waterfall cascading over the ledge.

[] I can feel it acutely, and when I turn the corner I feel the mist from the waterfall spraying my skin.

[] I can hear it mostly, and when I turn the corner I hear the loud rushing water flowing over the ledge.

4. Please check the best answer below:

[] I am mostly creative.

[] I am mostly analytical.

[] I am mostly social.

[] Other. Please explain: _____

5. Most of the time, I write with my left/right/both hand(s).

6. I mainly consider myself a “spiritual-belief-based” or “logical-evidence-based person.

TERMS & CONDITIONS

NOTE: Hypnotist/Hypnopractitioner/Practitioner are used interchangeably in the following document.

I have been advised by Angela Morrison-Holm, CHCP Certified Hypnosis Practitioner, the scope of hypnosis and I give my full consent to receiving hypnosis sessions from Angela Morrison-Holm.

I understand that results vary and that Angela Morrison-Holm and Enhancing Perceptions do not guarantee results. Hypnosis is not a replacement for medical treatment, psychological or psychiatric services or counseling.

I understand that the Hypnotist/Hypnopractitioner does not treat, prescribe for or diagnose any condition. I understand that the practitioner is a facilitator of hypnosis and is not practicing any other profession that requires licensing under the laws of the Province of Ontario.

I am aware and understand that in some cases it may be necessary for the practitioner to respectfully touch my shoulders, hands, wrists, legs, or forehead in order to assist me in relaxation. I give the practitioner permission and consent to do so in order to help me establish a beneficial state of hypnosis.

I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability. I have accurately provided background information as requested by the hypnotist/hypnopractitioner.

I understand that confidentiality regarding my sessions will be honoured between Angela Morrison-Holm and me. This same confidentiality is respected when working with minors under the age of eighteen. I acknowledge the session will be recorded for my later use.

I agree to pay Angela Morrison-Holm of Enhancing Perceptions for all services rendered. I understand all monies are due on or before each session unless other arrangements have been made in writing. I understand that all prepaid sessions must be used within 180 days of the date of purchase.

I have read and agree to all the terms listed above:

Client's signature _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

Disclosure Statement

CONFIDENTIALITY

Matters regarding your sessions will be kept confidential except in the following circumstances: You grant me specific permission to release information to a specific individual or agency; child abuse; you are in imminent danger to self or others; or in the case of the subpoena of records. Any information shared is kept confidential. From time to time, I also consult with other colleagues, but in this circumstance, clients are not identified by name. Your signature below constitutes you giving permission for such consultations.

CANCELLATIONS

Since Enhancing Perceptions has reserved your appointment time for you, it is our policy to charge for cancellations received without 24 hours' notice unless we are able to reschedule the appointment within the same week. Enhancing Perceptions reserve the right to refuse treatment to anyone at any time. Anyone suspected of being under the influence of drugs or alcohol at the time of their scheduled session will be asked to leave immediately and will be charged the full amount of the cancelled session, no exceptions.

ACCEPTANCE OF TERMS

I, the undersigned, understand all questions and verify that all information is complete and accurate to the best of my knowledge. I also understand that the hypnotic methods used by Angela Morrison-Holm of Enhancing Perceptions are not a substitute for medical or psychiatric treatment. I understand these methods to be a conditioning process, whereby an individual is given suggestions to use their own abilities for their benefit and wellbeing. With this understanding, I hereby grant Angela Morrison-Holm of Enhancing Perceptions permission to hypnotize me or the minor child whose name appears at the top of this form. I (we) further grant permission for the sessions to be recorded/taped as needed for my later use.

I know my progress is dependent upon my efforts and that there are no guarantees as to the result or progress to be made. I understand that the success of the treatment will be in direct proportion to my commitment to the end result.

I agree to pay for services rendered to the above named client as the charge is incurred.

By signing this document, I am confirming that all information is true to the best of my knowledge, and I agree to all the terms listed above: I freely and voluntarily consent to undergoing sessions or the minor child undergoing sessions (whichever is applicable) with Enhancing Perceptions

I have read and agree to all the terms listed above:

Client's signature _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____

RELEASE FROM LIABILITY

I accept any and all risks in connection with having hypnosis.

I forever release Angela Morrison-Holm and Enhancing Perceptions from any and all claims for liability and/or damages of any kind whatsoever, including without limitation personal injury, emotional distress and negligence (excluding only willful misconduct). I expressly waive all claims for indirect, consequential or exemplary damages. In no event shall I be entitled to recover more than the aggregate amount paid by me to Angela Morrison-Holm of Enhancing Perceptions. I will indemnify and save Angela Morrison-Holm and Enhancing Perceptions harmless for any damages, including attorneys' fees, arising from my breach of the terms of this release. I have read and understand the contents of this release, I am 18 years of age or older and I execute this release of my own free will and without undue influence.

I have read and understand the above information. I or my representative(s) agree to fully release and hold harmless for myself, my heirs or assignees, Angela Morrison-Holm and Enhancing Perceptions and any associates, including but not limited to Peter Holm, the Holm residence and/or their insurance or hosts against any and all claims or liability of whatsoever kind or nature arising out of or in connection with any demonstration, program or session. All relevant medical problems have been disclosed on the intake form held by the practitioner.

I understand that, because of the rulings made in many jurisdictions, there may be limitations placed on my ability to rely on my recollections after hypnosis for purposes of litigation. For example, there is a possibility that anything I remember during or subsequent to hypnosis may not be admissible in a court of law. I acknowledge this advice and if I have any concerns about the legal consequences of hypnosis, I should consult with my own attorney prior to the use of hypnosis. I hereby agree, freely and voluntarily, to undergo hypnosis. I further agree to release and hold harmless Angela Morrison-Holm and Enhancing Perceptions from any claims or liabilities arising from the use of or inability to use my recollections, the hypnopractitioner's notes, audiotapes, or videotapes of the sessions, or any other limitations on my or the hypnopractitioner's testimony in a courtroom or forensic setting.

By signing this document, I am confirming that I full understand and agree to the above. I freely and voluntarily consent to undergoing sessions or the minor child undergoing sessions (whichever is applicable) with Enhancing Perceptions and save Angela Morrison-Holm and Enhancing Perceptions harmless from any and all claims for liability and/or damages of any kind whatsoever.

Client's signature _____ Date _____

Guardian's signature (if client is a minor) _____ Date _____